

BREASTFEEDING INSURANCE BENEFIT GUIDELINES: Blue Cross/Blue Shield RI



- Little Steps® Maternity Program packets are sent to all pregnant participants who have been identified to BCBSRI.
- This grid includes the general coverage parameters for the plan types listed in the key, but coverage details may vary between contracts and should be verified through the Customer Service Department (BlueChiP 274-3500, HealthMate 459-5000).
- Requests for case management can be made through the nurse triage line at (401) 459-2273. Requests for coverage of alternative benefits are reviewed individually.

HM = HEALTH MATE BC = BLUE CHIP RC = RITE CARE	MOM / BABY CRITERIA	NETWORK / VENDOR / PRODUCT INFO Approved providers, vendors, products	REQUIRED STEPS Prescriptions, referrals, time specifications	PAYMENT SPECS Direct pay, co-pay, reimbursement
Education				
Early Pregnancy Newborn Care Breastfeeding	1 covered visit for each type of class for all plans	BCBSRI approved classes*	Show BCBS card at class.	No fee unless member has plan design with an up-front deductible or reimbursement level <100% in network. Verify benefits with customer service.
Childbirth Education Classes	1 covered series for RC only	BCBSRI approved classes*	Show BCBS card at class	No fee
Breastfeeding Support Groups	No coverage	N/A	N/A	N/A
Lactation Support				
In-Patient	Covered with hospital stay	Covered with hospital stay	N/A	N/A
Out-Patient	Lactation consults within 1 st week of discharge are covered and no prior notification needed. Prior notification required for visits after 7 days from discharge.	BCBSRI network provider**	Fax notification to Aftercare Department at (401) 459-5587 with the following details: <ul style="list-style-type: none"> ▪ Member name ▪ Member ID number ▪ Ordering physician name ▪ Anticipated number of visits ▪ Start and planned end date 	RC = No co-pay BC/HM = Covered according to member benefit plan
Equipment				
Manual Breast Pump	RC = Covered benefit for purchase of pump BC/HM = No coverage	RC = Vanguard Home Medical Equipment at (401) 468-1300 (fax 468-1309)	RC = Prescription from child's doctor plus clinical information specifying medical necessity faxed or mailed to vendor or faxed to BCBSRI at (401) 459-5587.	RC = No co-pay
Hospital Grade Electric Pump Rental	RC = Covered benefit for medical necessity BC/HM = Covered benefit for babies separated at least 24 hours from mother	BC/RC = Vanguard Home Medical Equipment at (401) 468-1300 (fax 468-1309) HM = Participating DMEs	BC/RC/HM = Prescription from child's MD plus type of pump requested and clinical information supporting medical necessity faxed or mailed to vendor or faxed to BCBSRI at (401) 459-5587.	RC = No co-pay BC/HM = Covered under member medical equipment/ supplies benefit
Pump Kits	1 st kit covered with electric pump	Comes with electric pump	Comes with electric pump	RC = No co-pay BC/HM = Covered under member medical equipment/ supplies benefit

* Refer to attached list of BCBSRI approved classes.

** Call Provider Relations at 459-5593 to identify participating providers.